

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015577

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 118
FILED APR 24 1963

Primary Registration District No. 4188

Registrar's No. 14

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u> </u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Owensville</u>		c. CITY OR TOWN <u>Owensville</u>	
Length of stay in 1b <u>8 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At home Owensville Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>111 Madison</u>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Jacob</u> Last <u>Boesch</u>		4. DATE OF DEATH Month <u>April</u> Day <u>20</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>March 9 1879</u>
9. AGE (last birthday) <u>84</u>		10. IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Black Smith (retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Black Smith</u>	
11. BIRTHPLACE (City and state or country) <u>Swiss Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Jacob Boesch</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothea Drewell</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma Boesch (Haeffner)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>No</u>	
16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT <u>Emma Boesch Owensville Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Chronic Valvular (Mitral) Heart Disease</u>	
DUE TO (c) <u>Arteriosclerosis</u>		7 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Swiss Mo.</u>	
21. I attended the deceased from <u>March 31, 1962</u> to <u>April 20, 1963</u> and last saw him alive on <u>April 20, 1963</u>		Death occurred at <u>8 45 a. m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>E. J. Macaulay</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>405 E. Lincoln Owensville, Mo.</u>	
22c. DATE SIGNED <u>4-20-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>April 22 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>E & R Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Swiss Mo.</u>		24. FUNERAL DIRECTOR <u>Gottenstroeter Funeral Home</u>	
25. DATE RECD. BY LOCAL REG. <u>April 22, 1963</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Marvin Lappmeyer</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

Licensed Embalmer's Statement on Reverse Side

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

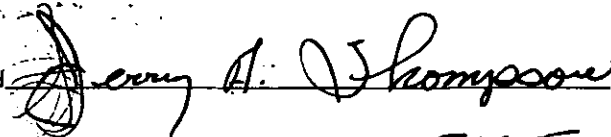
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

 Jerry A. Thompson

Licensed Embalmer No. 5165

P. O. Address Quincyville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.